

MASTER GARDENER VOLUNTEER APPLICATION



All sections must be completed for consideration as a Master Gardener Volunteer. Admission into the program requires passage of a criminal background check.

Our Mission: We are Ohio State University Extension trained volunteers empowered to educate others with timely research-based gardening information.

I. GENERAL INFORMATION

Name: _____
(First) (Middle) (Last)

Mailing Address: _____
(Street) (City) (Zip)

Phone: Day: () _____ Best Time to Call: _____
Eve: () _____ Best Time to Call: _____
Cell: () _____ Best Time to Call: _____
Preferred Phone: Day () Evening () Cell ()

Email: _____

Length of time at this address (years): _____ Date of Birth (MM/DD/YY): _____

Have you participated in Ohio State University Extension activities or programs previously? (List most recent involvement)

If you have been a Master Gardener Volunteer in another state, please list the state, county, year of training, and program supervisor's name:

II. VOLUNTEER INTEREST

Why are you interested in becoming a Master Gardener Volunteer?

Work Experience: (List current or most recent experience first) _____

Employer

Position Title

Year

Volunteer Experience: (List current or most recent experience first) _____

Organization

Volunteer Role

Year

Have you had any teaching or public speaking experience? Yes ___ No ___ If so, please provide details:

Other special skills, training, interests (i.e. bird watching, crafts, desktop publishing, etc.):

Type of volunteer activities in which you are interested:

We sometimes have many more applicants than volunteer positions, and consequently must choose among equally qualified individuals. Please explain why you think you would make a good Master Gardener Volunteer:

III. PERSONAL REFERENCES

Have you ever been convicted of a misdemeanor or a felony? _____

If yes, please give date, nature, and disposition of offense: _____

Please note: A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may prevent an individual from volunteering, depending on the nature of the offense.

References: List non-family members who have knowledge of your skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. **Complete addresses and phone numbers must be provided.**

Name: _____
Relationship Phone Email

Address: _____
(Street) (City) (State) (Zip)

Name: _____
Relationship Phone Email

Address: _____
(Street) (City) (State) (Zip)

Name: _____
Relationship Phone Email

Address: _____
(Street) (City) (State) (Zip)

I authorize the contact of listed references and understand that I am required to submit to a criminal background check prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Ohio State University Extension. I understand that I serve at the pleasure of the Ohio State University Extension and agree to abide by the policies of Ohio State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability. Furthermore, I understand that different perspectives may be presented in the course that differ from my own. I will act in a manner that is respectful towards differing perspectives and seek to understand my own perspective better.

Applicant Signature: _____ Date: _____

Please return the application to:

Paul Snyder, Secrest Arboretum, 1680 Madison Ave., Wooster OH 44691

Contact Paul if you have any questions or wish further information: Snyder.1062@osu.edu or 330-263-3968

Thank you!

September 2013

Updated November 2020